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CONFIRMATION NO. 4949

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/525,271 | <b>FILING OR 371(c) DATE</b><br>09/15/2005<br><b>RULE</b> | <b>CLASS</b><br>514 | <b>GROUP ART UNIT</b><br>1614 | <b>ATTORNEY DOCKET NO.</b><br>7100.204-US |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US03/26591 08/25/2003 which claims benefit of 60/405,388 08/23/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

|   |                                |                            |                           |                                |
|---|--------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>WA  | <b>SHEETS DRAWING</b><br>0 | <b>TOTAL CLAIMS</b><br>13 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                |                            |                           |                                |
| Verified and Acknowledged   | Examiner's Signature <i>PS</i> | Initials                   |                           |                                |

**ADDRESS**

23650

**TITLE**

Method for treating inflammatory bowel disease

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>730 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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